

TAC 03/16/06 Discussion Summary

Template for Service and Facility Specific Policies

I. ESSHB 1688 Guidance

- a) The need for a new and regularly updated set of service and facility specific policies that guide certificate of need decisions [Section 3.2.a]

II. Policy Questions Answered in Discussion 03/16/06

A. How should the process of decision-making be conducted?

CON review should be based on:

- 1) a current state health plan which is updated at least bi-annually,
- 2) detailed criteria and standards, both general and service/facility specific, which are updated at least bi-annually after consultation with a Technical Advisory Committee, and
- 3) data from data systems designed to address the specific services and facilities covered, i.e., CHARS counterpart, etc.

B. Who should be the CON decision-makers?

Initial Process steps:

- 1) applications analyzed by CON staff,
- 2) public disclosure of analysis prior to close of public comment,
- 3) decision by “CON Chief”, and
- 4) signature by Secretary of Department of Health designee.

Additional Process aspects:

- 5) available resources (including staff) with technical expertise are needed for review,
- 6) advisors will include other state agencies,
- 7) any advise/report should be released publicly, including prior performance reports,
- 8) staff analysis (at some determined level) should be completed prior to public hearing,
- 9) no ex parte contact from end of public comment period,
- 10) application process needs to be as simple/streamlined as feasible,
- 11) data application/request should require only information necessary for decision process,
- 12) the process should not duplicate aspects covered/managed by other programs or systems,
- 13) *understanding/decision on “definition” of approval is needed – is it a “franchise” for the area?*
- 14) retain current definitions related to service area designation by specific services and facilities, i.e. county for home health,
- 15) a process for monitoring ongoing compliance, with ramifications for non-compliance needs to be part of the entire system,
- 16) consistency in review/process is critical – timely and with inter-rater reliability, and
- 17) transparency of data related to volume, application types, appeals/resolutions, denials, compliance, etc. is needed.

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C. What factors should be considered in making the decision?

In addition to the existing criteria of community need, financial feasibility, structure and process of care, and cost containment, additional factors should include:

- 1) information related to availability of less costly alternatives,
- 2) information related to availability of alternative services,
- 3) benchmarking using national criteria for quality, UM, etc.,
- 4) verification of Medicare/Medicaid accessibility to all residents (as form of population accessibility),
- 5) information related to current charity care provision by applicant, as well as projected charity care provision upon completion of project,
- 6) history of responsiveness/effectiveness of existing providers in surrounding area related to ability and willingness to address need,
- 7) consideration for special populations,
- 8) potential impact on selected quality indicators for population to be served,
- 9) impact on training and education programs,
- 10) exceptions or variations for rural (carefully considered and constructed), and
- 11) information collected during public comment period.

III. Policy Questions to be Discussed 04/13/06

D. When are decision-making timeframes and what are the related considerations?

E. Where are the venues and methods for decision-making?

F. Why are decisions made, including rationale and impact?

IV. Other Policy Questions/Concerns Raised as Needing Future Discussion or Consideration

G. Related to Sale/Change of Ownership

- 1) not-for-profit purchased by for-profit, and
- 2) indications for reviewing quality of care history of purchaser of health care facility or service.

H. Financial Threshold

- 1) determine value/need of current nursing home financial threshold – impact on payments?

I. Review Categories

- 1) eliminate review criteria for renovation